U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Gudget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 03/9	2. Fiscal Year Covered From:
	01 /01 /2004 Through:12 /31 /2004
3. Name and address of person filing.	3. Name, file number, and address of labor organization.
Name John Bulgaro	Name Teamsters L294, Intl Bhd of Tmsts
	Labor Organization File Number 042-415
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 890 Third street	Street 890 Third Street
City Albany	City Albany
State NY ZIP Code + 4 12206	State NY ZIP Code + 4 12206
5. Position in labor organization. president	
	spouse or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or demonetary value from an employer whose employees your organization rep	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
City	
State ZIP Code + 4	
Signa	ature
15. Signature and verification. The undersigned declares, under penalty information submitted in this report (including the information contained and is, to the best of the undersigned's knowledge and belief, true, corn	in any accompanying documents), has been examined by the signatory
Signed John Bulyn	On 3/9/05 5/8 4/895436  Telephone Number
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing John Bulgaro	77-7-7-7-1	File Number <b>U-</b>
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the busi actively seeking to represent, o or indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Local 294 Health and Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 19 Aviation Road  City Albany  State NY ZIP Code + 4 12205	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer	on
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Local 294 Health and Welfare Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		g. ce, meals, and meeting d as trustee of the fund.
Street 19 Aviation Road  City Albany  State NY ZIP Code + 4 12205	11.b. Approximate dollar va	
	12.b. Amount	
C. Received from any employer (other than an employer covered under pa or from any labor relations consultant to an employer any payment of mone	rts A and B above) ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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Name of Person Filing John Bulgaro		File Number U-
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8. Name and address of Business (including trade name, if any).  Name J & W Seligman & Co.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 100 Park Avenue  City New York  State NY ZIP Code + 4 10017	9. Business deals with:  a. Labor Organizati  X b. Trust  c. Employer	ion
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NYS Teamsters Council Health & Hos Fd  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 4928		d for business lunches as YS Teamsters Council
Street  City Syracuse  State NY ZIP Code + 4 13221	11.b. Approximate dollar value of interest he	
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

Name of Person Filing John Bulgaro		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name Prudential Investment Management  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2 Gateway Center 4th Floor  City Newark  State NJ ZIP Code + 4 07102  10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:  a. Labor Organizati  X b. Trust  c. Employer	g.
Name NYS Teamsters Council Hlth & Hosp Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Po Box 4928		or Hoffa Scholarship Fund
Street  City _Syracuse  State NY ZIP Code + 413221	11.b. Approximate dollar va	
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone	ts A and B above) y or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Faraci Lange			
Trade Name, if any:	a. Labor Organizat  X b. Trust	ion	
P.O. Box, Bldg., Room No., if any Greece Office	c. Employer		
Street 2300 Ridge Road West	C. Employer		
City Rochester			
State NY ZIP Code + 4 14626			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NYS Teamsters Council Hlth & Hosp Fund		ng. ided by service provider as eamsters Council Health &	
	Hospital Fund.	campoorb council nearby a	
P.O. Box, Bldg., Room No., if any PO Box 4928			
Street			
	11.b. Approximate dollar v	value of such dealing. 180	
City Syracuse  State NY ZIP Code + 4 13221	12.a. Nature of interest he	eld or income received.	
State 21P Code + 4	The Principle of the Pr		
	12.b. Amount		
C. Received from any employer (other than an employer covered under part or from any labor relations consultant to an employer any payment of money	rts A and B above) ey or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	VALUE AND		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.		

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8. Name and address of Business (including trade name, if any).  Name NYS Teamsters Conf Pension and Ret Fd  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 4928  Street  City Syracuse  State NY ZIP Code + 4 13221	9. Business deals with:  a. Labor Organizati  X b. Trust  c. Employer	on
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NYS Teamsters Conf Pension and Ret Fd  Trade Name, if any:  P.O. Box, Bldg., Room No., if any PO Box 4928	: -	ng. P for membership dues and el, and meetings as trustee
Street  City Syracuse  State NY ZIP Code + 4 13221	11.b. Approximate dollar value of interest he	alue of such dealing. 656
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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Name and address of Business (including trade name, if any).	9. Business deals with:
Name NYS Teamsters Council Hlth & Hosp Fd	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any PO Box 4928	X b. Trust
Street	c. Employer
City Syracuse	
State NY ZIP Code + 4 13221	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Payments to IFEBP for membership dues and
Name NYS Teamsters Council Hlth & Hosp Fd	conference, travel, and meetings as trustee of the NYS Health and Welfare Fund.
Trade Name, if any:	or one with meater and westere raine.
P.O. Box, Bldg., Room No., if any PO Box 4928	
Street	11.b. Approximate dollar value of such dealing. 656
City _Syracuse	12.a. Nature of interest held or income received.
State NY ZIP Code + 4 13221	
	12.b. Amount
C. Received from any employer (other than an employer covered under par	ts A and B above)
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant	y or other thing of value.  14.a. Nature of payment.
(including trade name, if any).	That reside of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.

Name of Person Filing John Bulgaro		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the busir ctively seeking to represent, or r indirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pacific Investment Management Co, LLC	a. Labor Organizatio	nn
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 840 Newport Center Drive, Suite 300	c. Employer	
City Newport Beach		
State CA ZIP Code + 4 92660		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NYS Teamsters Council Hlth & Hosp Fund	11.a. Nature of such dealing Expenses incurred the NYS Health ar	for dinner as trustee of
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box 4928		
Street	11.b. Approximate dollar va	alue of such dealing. 75
City Syracuse	12.a. Nature of interest hel	***************************************
State NY ZIP Code + 4 13221	12.2. Matare of interest flet	o di indone received.
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).  Name Ivy Asset Management Corp.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street One Jericho Plaza  City Jericho  State NY ZIP Code + 4 11753  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name NYS Teamsters Council H1th & Hosp Fund	9. Business deals with:  a. Labor Organizati  b. Trust  c. Employer  11.a. Nature of such dealin  Expenses incurre  NYS Health and Ho	ng. d for dinner as trustee of
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  PO Box 4928  Street		
City Syracuse	11.b. Approximate dollar va	
State NY ZIP Code + 4 13221	12.a. Nature of interest he	ld or income received.
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Northern Capital		
Trade Name, if any:	a. Labor Organizat	ion
P.O. Box, Bldg., Room No., if any	0.    103t	
Street 8010 Excelsior Drive	c. Employer	
City Madison		
State WI ZIP Code + 4 53717		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir Expenses incurre	ng. d for dinner as trustee of
Name NYS Teamsters Council Hlth & Hosp Fund	NYS Health & Hos	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box 4928		
Street	11 h. Approximate dollar v	alue of such dealing. 125
City Syracuse	12.a. Nature of interest he	
State NY ZIP Code + 4 13221		
	12.b. Amount	
	The state of the s	WAS SELECTION OF THE SE
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Batterymarch Financial Management, Inc		
Trade Name, if any:	a. Labor Organizati	on
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 200 Clarendon Street	c. Employer	
City Boston		
State MA ZIP Code + 4 02116		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g. d for dinner as trustee of
Name NYS Teamsters Council Hlth & Hosp Fund	NYS Health and Ho	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any PO Box 4928		
Street	11.b. Approximate dollar va	alue of such dealing. 120
City Syracuse	12.a. Nature of interest he	
State NY ZIP Code + 4 13221		
	12.b. Amount	
C. Received from any employer (other than an employer covered under par or from any labor relations consultant to an employer any payment of mone		
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Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment.	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name D'Archangelo & Company	<u> </u>		
Trade Name, if any:	a. Labor Organizati	ion	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 120 Lomond Court	c. Employer		
City Utica			
State NY ZIP Code + 4 13502			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g. d for dinner as trustee of	
Name NYS Teamsters Council Hlth & Hosp Fund	NYS Health and H		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO Box 4928			
Street	11.b. Approximate dollar v	alue of such dealing. 80	
City Syracuse	12.a. Nature of interest he	-	
State NY ZIP Code + 4 13221			
	12.b. Amount		
C. Received from any employer (other than an employer covered under par	ts A and B above)		
or from any labor relations consultant to an employer any payment of mone			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.a. Is the Business an Employer or Consultant	14.b. Amount of payment.		